



UNITED STATES OF AMERICA

TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION
U.S. Department of State

(AGENCY)

2. TRAVEL NO.:

1001 199507

X7
R

Allotment

Obligation

3. DATE 10/23/80

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE AND ADDRESS (Home address for non-Government personnel)

Mr. Leon Billings

U.S. Department of State

Washington, D.C.

5. AUTHORIZING OFFICE

6. SOC. SEC. NUMBER

7. APPLICABLE REGULATIONS

☐ FSTR☐ FTR

OTHER

(Specify)

8. ITINERARY, PURPOSE, REMARKS AND SPECIAL INSTRUCTIONS AND AUTHORIZATIONS

Itinerary: From Washington, D.C., on or about October 27, 1980, to Wilkes-Barre and Scranton, Pa.; Portland, Maine; New York, N.Y.; and return to Washington, D.C., on or about October 28, 1980.

Purpose: To accompany the Secretary of State on his visit

TRAVEL VIA MILITARY AND/OR COMMERCIAL AIR AUTHORIZED

THE USE OF TAXICABS BETWEEN PLACE LODGING AND PLACE OF OFFICIAL BUSINESS AND BETWEEN PLACES OF OFFICIAL BUSINESS AUTHORIZED

SPECIAL LOCALITY SUBSISTENCE AUTHORIZED

9. LIQUIDATION RECORD

Date (A)	Description (B)	Posted By (C)	Obligation Authorized (D)	Obligation Liquidated (E)	Unliquidated Balance (F)
	DEPARTMENT OF STATE A/CDC/MR				
	REVIEWED BY Tolman DATE 2/14/81				
	REASON FOR DISAPPROVAL				
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10. TRAVEL REQUESTED BY

Name: Robert Ayler
Title: Staff Assistant

11. FUNDS AVAILABLE

Name: Albert Jarak
Title: Budget Officer

12. AUTHORIZING OFFICER

Name: Albert Jarak
Title: Budget Officer

13. ACCOUNTING CLASSIFICATION CODES - The coding (A through D) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, GB/L's, etc. (For USIA, A through F must be shown.)

A. Appropriation	B. Allotment	C. Obligation	D. Organization/Function (USIA: Sub-Cost/Activity Center)	E. Object (USIA: Function)	F. Sub-Subject (USIA: Resource)	G. Amount
1910111	1001	199507	910101	2151		\$125.00

OPTIONAL FORM 144 (Rev. 12-77)
Dept. of State

* (SEE REVERSE FOR PRIVACY STATEMENT)

COPY 6 - ORIGINATING OFFICE

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